HISTORY OF A CASE
OF
CÆSAREAN OPERATION,

IN WHICH THE
LIVES OF THE MOTHER AND CHILD WERE BOTH
PRESERVED.

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COMMUNICATED
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OF BREMEN.

WITH A FEW PRELIMINARY OBSERVATIONS BY THE LATTER.

Read January 5, 1818.

IT is a most remarkable circumstance, that in a country like Great Britain, where beyond all doubt the boldest operations of every description have been performed with success, the cæsarean operation should never have been attended with the same fortunate result as in other countries. It is but too true, that in that country there has not hitherto been a single case in which the life of the mother has been saved by this operation. Such was the information I received from Dr. Haughton, during

my stay in London in 1798, and the same fact was repeated to me lately by Professor Lawrence in one of his last letters, when I had given him an account of this case and of another to be mentioned hereafter. When, therefore, I learned that in the beginning of this year the cæsarean operation had been performed by Dr. Locher, the universally celebrated accoucheur at Zurich, with such success, that the lives of both the mother and child were saved; I requested him to favour me with the communication of the case, that I might lay it before this Society, to which he politely consented. Although the truth of his relation does not in any shape admit of a doubt, and the revered name of Locher is sufficient security, yet the original statement of the operation, which was forwarded to me, is not only attested by the signature of the archiater, Dr. Rahm, but also by the seal of Mr. Hottinger, the magistrate and the third town-secretary; which original document, together with a letter directed to me for the purpose, I have the honour to send to the Society herewith.

A second case of the cæsarean operation was, on the 16th of May of this year, performed at Minden by my friend there, Dr. Nicholas Meyer, in which the mother's life was saved, but the child bore every indication of having died before the delivery. In No. 66. Vol. III. of the Salzburg Medico-Chirurgical Journal of this year, this case has been

briefly described, and in corroboration of the truth, I also add to it a juridical and sealed certificate.

J. A. ALBERS, M.D.

On the 16th of February, 1817, at three o'clock in the morning, I was summoned to a woman of this town in labour; she was said to be incapable of bringing forth her child.

On my arrival I found a little woman out of bed, who in her early youth had been ricketty in a very high degree, and had attained the age of eight years before she could stand without assistance, and still less could walk. The head and upper part of the body were well formed; but from the os ilii downward, the frame was entirely crooked, and particularly the leg and thigh quite twisted.

She had pains at this time; but, upon examination, the orifice of the uterus was discovered still to be situated very high, and to be but little opened. Behind it there was a hard body, which I took for the head; at a very great distance indeed, scarcely attainable with the finger. As for the rest, the woman had laboured before under spasms, and the present pains appeared spasmodical fits, rather than true labour pains. I prescribed for the patient anodyne remedies and steam-baths, and recommended

her to go to bed, and as the weather proved rather cold, to keep herself warm. When after a second examination, I observed no change in the orifice of the uterus, nor any increase of pains, I left the person about six in the morning, and enjoined the midwife present, to observe her attentively, and inform me of every alteration. She made use of the prescribed medicines regularly, and towards ten o'clock I paid her a second visit.

She was in a heated state, owing (as she told me) to the continual pains; the waters had not yet flowed off; upon examination the orifice was found a little more opened, so that behind it, though in an oblique position and extremely high, I could distinctly feel the head of the child. During the pains, which the woman experienced with great vehemence, not the least protrusion forwards of the foremost parts of the head was felt; and in that very height, it already appeared to be wedged in. Some examinations performed successively during the pains, convinced me of the existence of a pelvis quite irregular and crippled by rachitis.

The aperture of the uterus being yet so small, that the application of the forceps or other assistance could not be thought of, I left the patient towards twelve o'clock, with the same directions as I had given in the morning, and the information that I should again visit her at three o'clock, in hopes that during the interval the uterus would open suf-

ficiently to admit the forceps or some other assistance.

Convinced that if even the forceps could be applied, a very difficult labour awaited me, which would in a very high degree exhaust my strength, I requested one of my colleagues, Dr. Spoendly, to attend and support me in this labour. On our arrival after two o'clock in the afternoon, I made an examination during a pain, and found the orifice of the uterus much more dilated than I had found it three hours before, and behind it a small pointed bladder, which in the pain shewed only little tension. Every thing hitherto exhibited by the examination, the inefficiency of the pains both on the chair and bed, the bursting of the bladder during such a pain (on which occasion indeed only a couple of spoonfulls of water escaped, and the head immediately was stopped) determined me, the orifice of the uterus being sufficiently opened, to apply the forceps, notwithstanding I beforehand questioned the possibility of executing my purpose; as after all my examinations, the pelvis in its conjugata measured not above two, or at most two and a half inches in diameter, and the remaining dimensions were in the same proportion. I now attempted to introduce the male lever of my forceps, bent to the axis of the pelvis, on Stein's and Brunninghausen's principles and my own, and, after conquering great obstacles, I succeeded, though in

a direction quite oblique. This position of the lever of the forceps already proved how difficult would be the introduction of the second. However, as under circumstances perhaps still more unfavourable, I had succeeded in attempts of this nature, I tried to introduce also the second, but all my efforts proved unsuccessful. The confined entrance into the pelvis did not permit the second lever to slide over the first. After repeated fruitless attempts, my assistant likewise tried the operation but with the same result. The pains which the woman suffered were extremely vehement and excruciating. Meanwhile the antispasmodic remedies were continued, and the patient kept in bed as quiet as possible.

Under these circumstances, and the absolute impossibility of applying the forceps, our consultation turned on two indications, viz. *perforation* and *the cutting of the child*, particularly as its head presented itself; or secondly, *the cæsarean operation*.

There was against the former indication the very probable impossibility of introducing the instruments requisite for the perforation, the unavoidable lesion of the parts adjacent, if the introduction were found practicable; and particularly the assertion of the mother, that still she felt the motion and quickness of the child, which likewise was distinctly perceptible to our hands, when laid on

the mother's body. We therefore determined on the second, under the conviction that by it the life of *one* at least might be saved.

The nearest relations who were present were apprized of the determination, and, with their approbation, the woman in labour likewise informed of it. After a few objections, she also soon came to a determination, and we prepared our apparatus and every thing that was necessary. After the injection of a glyster there followed stools and urine.

At five o'clock in the evening the operation was performed in the presence of several professional gentlemen, and in the manner following. I caused the patient to be placed in the position usual in herniotomy, in which the weight of the abdomen presses more against the diaphragm, and ordered her to be properly secured.

Having performed before a similar operation, I was induced to make the incision immediately upon the linea alba, as not a single blood-vessel of any importance had been injured on that occasion. Immediately beneath the navel the skin was pinched up into a fold, both it and the adipous membrane cut through, and the cut continued downwards to the length of from eight to ten inches. The sphere of the uterus, now appearing, extended the fat edges of the incision, so that there appeared a considerable vaulted surface of the womb. There pro-

truded also a portion of small intestine, which, however, was easily kept back by means of linen anointed with fat. In order not to cut through the uterus exactly in a place where the placenta might accidentally be situated, and thus excite a violent bleeding, I chose a somewhat uneven part of its surface, and there made a little incision, so that I could introduce the index of the left-hand, to serve as a guide for the progress of the knife. The uterus was then cut open from six to eight inches along the finger. Immediately the child presented itself, together with its membranes, yet without any water. The hemorrhage till then was a mere nothing. The nearest part of the child was an arm. This, as there was room enough, was disengaged first from the uterus, and after it carefully one part of the child after the other in succession, and last of all the head. Already before the head was freed from the womb, the infant moved its limbs, and on the developement of the head, to the greatest joy of the mother and all the attendants, it proved its life by loud cries, so that not the least thing was required to remove the asphyxia of the infant. The funiculus umbilicalis was severed, and the child entrusted to the waiting woman to be cleansed. In the right side of the womb was found the placenta, which, lying almost quite free, was now taken away. At this period a violent bleeding arose from the bottom of the uterus. The ligature of a blood-vessel, or any other styptical application was not to be thought of under these circum-

stances; but the blood was quickly absorbed from the uterus by means of a sponge, in order to leave the organ to its own contraction, and to close the wound of the integuments. To this I was the more induced, as a couple of years previously, on dissection, I had found in a person, who died eight days after the operation, the uterus quite contracted, and the labia of the wound in the same almost entirely united. I therefore joined the external teguments with five sutures, covered the wound with lint, and applied some adhesive plasters, confining the whole with a couple of compresses and a broad bandage.

The mother was now transferred to her bed. Neither fainting nor any other accident befel her. On the contrary, her joy and eagerness at seeing her child and having it by her were so powerful, that even whilst dressing the wounds we had much trouble to keep her easy. She now was presented with some good broth, which she ate with great appetite, and the greatest tranquillity was enjoined her. An emulsion with laud. liquid. Syd. and Tinct. Cinnam. was then prescribed for her.

At ten o'clock in the evening I again paid the patient a visit. She found herself quite tranquil, and complained of nothing but a burning in the wound. During the night, she enjoyed at intervals quiet sleep, which had often been interrupted by the cries of the child, for which reason it was re-

moved to another room. The blood began to flow from the vagina. The urine passed in the natural way. In the morning she took her coffee. The belly appeared considerably protuberant and tense, but not very painful to the touch. The superior part of the dressing, which was soaked with a serous fluid, was removed, and a new one very loosely applied; the internal remedies were continued, externally a friction of ol. anod. with hyosciamus and laudanum applied, and emollient clysters administered. The second day passed well, and without any material complaints, and also the third. The lochia flowed in due order, the belly grew softer; yet in spite of repeated clysters no stool ensued. The tongue became foul, for which reason, besides the former emulsion, a decoction of tamarinds with salts and manna was given. On account of the exuberant evacuation of serum and the appearance of suppuration with smell, the external dressing was daily renewed; as for the rest, the real dressing was kept on. In the night between the third and fourth day, abundance of flatulencies were developed, followed towards the morning by a stool. The belly was soft, the patient upon the whole well, quiet, and without fever. On the right side of the belly appeared the greatest tension, and the greatest pain was felt. Every thing was continued as before.

On the fourth in the morning, she found herself very well. From the very moment of the opera-

tion till now, partly for the sake of observation, partly in case of any immediate help being requisite, one of my assistants had remained with her. Towards noon I was sent for and requested to repair as quickly as possible to the patient, who was apparently dying. The better I had left the patient in the morning, the more unexpected and strange was this message to me.

On my arrival I indeed found the patient in a very indifferent situation. She experienced violent convulsive spasms, particularly in her head. She had a staring look, cold extremities, cold sweat on her brow : the urine had been discharged involuntarily. She recollected nobody, could neither speak nor swallow ; her breath was much oppressed, the pulse low and contracted ; her complexion saturnine : yet the abdomen was not much collapsed, which must have been the case had gangrene existed. None of the persons present were aware of the cause that in such a promising prognosis had occasioned a change so sudden and so distressing to the physician. She had still taken some soup, and then said, she felt very squeamish. Under these circumstances, and the patient not being able to swallow, I had no means left but to make her smell volatile essences and apply antispasmodic frictions, especially about the neck, to remove the convulsions and spasms, and restore the faculty of swallowing. This was effected after the space of a couple of hours, when an analeptic mixture was

given to her every hour, and every two hours some musk. Clysters and external frictions, especially round the neck, were continued. Towards evening, the evil, rather than increase, seemed to abate. Her speech returned, her warmth became equal, the skin moist, the pulse softer. Her weakness was very great. Being almost fully convinced that too great exertion in speaking and too great joy, in short, that passions had brought on this alteration, I prohibited all visits, and left the patient without any other company but two persons to watch her. The night was passed with varying symptoms, yet more tranquilly, and without fever or other accidents. The clysters took effect, recollection returned, the belly became rather more distended and painful. On my visit in the morning of the fifth day, she called out to me, "I have suffered severely ; but at present I find myself very well." Most of the symptoms, indeed, had ceased, so that the highest state of quietude was once more to be recommended. The belly was soft ; on the application of clysters there followed evacuations ; the natural complexion and warmth returned ; she felt much ease and comfort from changing beds. As there appeared a violent suppuration or rather a copious oozing of a strong-smelling serum, the dressing, all but the ligatures, was taken off, and put on again loosely in the same manner. The ligatures all were in the best order, and duly kept the labia of the wounds together. The interior treatment was not at all changed. From this time

the patient daily improved ; every day the external dressing was renewed. The belly collapsed visibly ; the uterus contracted more and more ; the lochia were discharged as they ought ; the milk appeared in the breasts, though but in a small quantity, so that this concern was entirely left to nature.

On the tenth day after the operation the ligatures began to form small pustules and thence give way. Two of them, which were the least tied, were removed, and the three remaining ones were left to hold as well as they could. The internal remedies were still continued, and especially the clysters. Four or five days later the three other ligatures were likewise taken off, and the wound treated as a simple sore, and kept together and supported by adhesive plasters only. Good fare, wine, &c. aided her strength.

The same treatment was continued till the 20th of March ; no disastrous accident occurred. All the functions of the body went on in the best order. The wound was cleaned and healed considerably from day to day. The patient remained without all medicines till the 27th, when on account of the uncleanness of the *primæ viæ*, some purging medicine was thought proper for a couple of days. The patient now daily spent a few hours out of bed, began to work, mind her child, and in short, except from the sore which was not very large, suffered not the least inconvenience. In the se-

venth week after the operation, the menses reappeared, though somewhat irregularly; since that they have occurred at due periods. From day to day her strength improved, so that in the eighth week she transacted most of her domestic concerns, and never more was confined to her bed during the day. In the twelfth week she paid me a visit in the best health, at my house, together with her admirably handsome and stout babe.

It appears surprising, that in the middle of this wound a little spot, not exceeding two or three lines in length and breadth, in spite of all the remedies applied for the purpose, will not close; and when thought to be healed up will again open, yet without any detriment to the mother. The child, now eight months old, may likewise be exhibited as a pattern of health, strength, and beauty.

J. J. LOCHER, M.D.

Town-physician.

Zurich, October 20th, 1817.

In compliance with the wish of my honoured friend the very skilful *accoucheur*, Dr. Locher, I corroborate the truth of this remarkable observation by my signature.

DR. AND ARCHIATER RAHN.

Zurich, October 20th, 1817.

The identity of the above signatures, which were affixed in the Senate House, is attested, Zurich, the 21st of October, 1817, by the third State Secretary of the Canton of Zurich.

(L.S.)

HOTTINGER.

Secreti Civium Turicensium.